

Case Number:	CM13-0050304		
Date Assigned:	12/27/2013	Date of Injury:	08/09/2012
Decision Date:	03/18/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	11/12/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery, and is licensed to practice in Georgia and Texas. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 34-year-old female who reported an injury on 08/09/2012 due to repetitive trauma. The patient reportedly sustained an injury to her left upper extremity. The patient underwent an MRI in 2012 that did not show any evidence of a rotator cuff tear, fracture or contusion. Patient's treatment history included physical therapy, medications, and corticosteroid injections. The patient's most recent clinical findings included limited left shoulder range of motion described as 70 degrees in abduction with pain in all planes of range of motion and a positive crank test with tenderness over the supraspinatus, coracoid and bicipital grooves. An agreed medical evaluation dated 10/31/2013 states that the patient only had transient relief from 2 corticosteroid injections. It is also noted that the patient was unable to perform in a home exercise program due to the patient's orthopedic symptoms. The patient's diagnoses included tendonitis of the left shoulder with possible other internal derangement, lateral epicondylitis of the left elbow, cubital tunnel syndrome of the left elbow. The patient's treatment plan included continuation of anti-inflammatory medications and surgical intervention

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Left shoulder arthroscopy with treatment: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), (online version), Criteria for diagnostic arthroscopy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Surgery, Diagnostic Arthroscopy.

Decision rationale: The requested diagnostic arthroscopy is medically necessary and appropriate. Official Disability Guidelines recommend this diagnostic study when the patient has physical limitations that have not responded to conservative therapy and are not correlated by an imaging study. The imaging study submitted for review did not provide any evidence of significant lesions that would benefit from surgical intervention. However, the patient had persistent pain and range of motion deficits that did not respond to conservative treatments to include anti-inflammatory medications, physical therapy, or corticosteroid injections. Therefore, a diagnostic arthroscopy would be indicated. As such, the requested left shoulder arthroscopy with treatment as indicated is medically necessary and appropriate

Manipulation under General Anesthesia (MUA): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Section on manipulation under anesthesia,(MUA);Official Disability Guidelines (ODG), Section on manipulation under anesthesia (MUA).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Manipulation Under Anesthesia.

Decision rationale: The requested manipulation under general anesthesia is medically necessary and appropriate. Official Disability Guidelines recommend manipulation under anesthesia for patients who have significantly impaired range of motion that has been nonresponsive to conservative treatments. The clinical documentation does indicate that the patient has significantly limited range of motion that is not responded to physical therapy, anti-inflammatory drugs, or corticosteroid injections. Therefore, manipulation under general anesthesia would be indicated. As such, the requested manipulation under general anesthesia is medically necessary and appropriate.

Preoperative chest x-ray and labs: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Pre-Operative Lab Testing and Pre-Operative Testing, general.

Decision rationale: The requested preoperative chest x-ray and labs are not medically necessary or appropriate. Official Disability Guidelines do not support team preoperative testing. The

clinical documentation does support low risk ambulatory surgical intervention. The documentation does not provide any evidence of diagnoses or comorbidities that would cause intraoperative or postoperative complications. Therefore, the need for a preoperative chest x-ray and labs is not medically necessary or appropriate.